

The Commonwealth of Massachusetts Department of Industrial Accidents

600 WASHINGTON STREET
BOSTON, MA 02111



Paul V. Buckley
Commissioner

GRANT APPLICATION
FISCAL YEAR 2009
JULY 1, 2008 - JUNE 30, 2009
FOR
**OCCUPATIONAL SAFETY AND HEALTH
EDUCATION AND TRAINING PROGRAM**

ROUND 2

ISSUED BY:
THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS
OFFICE OF SAFETY

APPLICATION DEADLINE: August 5, 2008 2:00 PM EST

The Department of Industrial Accidents' (DIA) Office of Safety (OS) is the only State agency in the Commonwealth of Massachusetts whose primary function is to provide financial assistance for the prevention of occupational injury, illness and death in the workplace.

The prevention of occupational injury and illness is in everyone's best interest. This Grant entitled, "Occupational Safety and Health Education and Training Program" is issued under the provisions of the Massachusetts General Law, Chapter 23E, Section 3, and administered by the DIA's OS. The goal of this program is to promote safe and healthy conditions in the workplace through training, education, and other preventive programs, for employees and employers covered by the Massachusetts Workers' Compensation Law, (M.G.L. Ch. 152).

This grant is charged with establishing and supervising programs for the education and training of employees and employers in the recognition, avoidance, and prevention of unsafe or unhealthy working conditions in employment, and advising employees and employers on these issues. To fulfill this mandate the DIA will award funds to qualified applicants based on a competitive process.

The DIA will fund programs which target education/training programs for employees and/or employers of industries operating within the Commonwealth of Massachusetts and whose entire staff, including consultants, are covered by the Massachusetts Workers' Compensation Law (M.G.L. Chapter 152).

The DIA will also offer grant funding for safety training and health education programs to be developed or modernized by public universities, colleges or community colleges of the Commonwealth of Massachusetts. The agency will also offer grant monies for the translation of safety training materials to foreign languages (in response to specific demographic needs) by the above-mentioned educational institutions.

Instructions for writing and submitting applications. Please review this application carefully as many requirements have changed. Please pay particular attention to specific budgetary requirements. A copy of a sample completed application can be found on the DIA OS web page or by request to the OS.

Give a brief summary and description of your organization, not to exceed one (1) paragraph. Be sure to state how long your organization has been established, the nature of your business, and the number of employees.

Provide a statement verifying that the target audience is covered by the Massachusetts Workers' Compensation Law (M.G.L., Chapter 152).

Provide proposing organization's workers' compensation Certificate of Insurance (M.G.L., Chapter 152).

Provide proposing organization's supportive staff (i.e. consultants) workers' compensation Certificate of Insurance (M.G.L., Chapter 152).

Describe the occupational safety and health problem of the target audience. Statistics should be as current as possible. Applicants should be company specific and should not provide a national scope. Identify and describe the targeted occupation(s) and industry(ies) designated for this education/training program. Identify whether the training is new training or retraining for employees. Include specific information regarding workplaces, workers, and occupation categories (SIC Codes).

Identify the proposed number of participants to be educated/trained, the number of training sessions, actual hours of training per participant, anticipated number of participants per session, the number of instructors to be present for each session, training locations, training topic, and length of time per session.

Outline the curriculum, and provide a description of written materials, handouts, audiovisuals, etc., to be used. **Do not attach samples of materials and/or handouts.**

Describe the training and educational activities, along with the type and technique(s) that will be utilized (e.g. train-the-trainer, lecture, hands-on training, participatory exercises, actual demonstrations, slides, videos, etc.). **All applicants are required to propose a minimum of two (2) hours of training per participant.** If the program is defined as the train-the-trainer model, **participants are required to present at least one (1) hour supervised/evaluated training** session as part of their training. Explain how and when this will occur and who will be involved.

Provide evidence that the participants (or their representatives) agree to participate in a post evaluation survey/questionnaire to be submitted by the end of the grant period and another report within a year of the completion of the training. If either report is not submitted the organization will be ineligible for DIA grant monies for the next five (5) years.

Develop a timetable for program events using the format provided.

Describe and provide evidence as to how the proposed program design contains a component for continuing education or training services beyond completion of the program/contract, such as Train the Trainer.

Describe your plan for measuring the amount of learning which has occurred as a result of the training/education program.

Provide resume, certifications and licenses for each staff person and consultant identified for the training team.

Provide Letters of Commitment" which must contain real numbers of participants and actual companies.

Provide a **complete and itemized budget plan**, include the names of all staff, consultants and trainers providing services. Detailed information should be listed on the Budget Summary **and Narrative** page. The budget Narrative is a **DETAILED written** description of how each line item in the Budget Summary will be utilized. Comprehensive detail is expected for this section. Please note that the Budget Narrative is a **separate** section from the grant description narrative described earlier. **If the Budget Narrative or Budget Summary are not included or not completed in this format, the grant will not be considered for funding.**

When listing training hours, a maximum of one half hour (total, per class) for one instructor may be included for set-up and breakdown of materials if needed.

Training fees will be capped at \$75 (hr) for instructors and \$125 (hr) for doctor(s). Compensation will not be made on a per student basis. Instructor(s) compensation must be listed as an **hourly wage(s)**. An hour can only be divided into fifteen minute periods (.25 hours) when calculating number of units required for the project. If an instructor is teaching multiple courses, do not breakdown by topic in the Budget Summary; that should be described in the Budget Narrative.

Specify educational materials to be purchased. Do not group items together in either budget section (break out different books, etc.).

All costs associated with this program must be identified by category on the attached Budget Summary. Use as many forms as needed. Do not use a different format.

Budgets should be developed with a **projected start date of October 8, 2008** or after. All costs associated with this budget section must be concluded on or before June 30, 2009.

Administrative costs will be limited to seven (7) percent of total grant award. Which will not be paid until final report is received, no later than July 15, 2009.

List all in-kind contributions on the In-Kind Budget Summary page only.

Monies Awarded Under This Grant May not Be Used For The Following:

Programs for employees/employers **not** covered by the Massachusetts Workers' Compensation Law including students. If you are exempt from Workers' Compensation (e.g. sole proprietorship) a letter stating why must be included in the application.

Programs that re-train employees previously trained by DIA grants on the same topic

Fringe benefits

Travel expenses

Wages of people receiving training

Costs incurred prior to contract approval

Training/education of a target audience which does not directly address the recognition, avoidance and prevention of unsafe and unhealthy working conditions and practices

Programs primarily intended to promote membership in the recipient organization

Recruitment costs

Office space, conference room rentals, utilities, communications, equipment purchase, or overhead expenses

Software or online programs

Copying and postage costs

Refreshments/meals

Reimbursements for holidays, sick days, or lunch periods

All of the above expenses may be listed as in-kind contributions

Reimbursement For All Applicants Selected For Funding

Reimbursement for all program costs will be made in compliance with the Commonwealth of Massachusetts bill paying policy. Invoices **must** include supporting documentation for all costs associated with the approved contract (e.g., # of participants trained, time sheets, receipts, proof of payment etc.). Advanced funding is not permitted. Invoices with **supporting documentation** must be submitted by the **15th of the following month in which training took place** (example: due November 15th for service in October). Failure to submit vouchers and supporting documentation in the prescribed time-frame shall result in a 10% reduction in the amount requested for that voucher and may also result in the **delay or nonpayment** of expenses, or termination of the grant.

When requesting payment for “Walking Classroom” or similar invoice must be accompanied by an evaluation sheet, to be signed by both the employee evaluated *and the employer (not the vendor)*. The sheet should/will also list the actual number of minutes spent on the evaluation, rounded up to the nearest 5 minutes (i.e., 7 minutes rounded up=10, 12 minutes rounded up=15, etc.)

When requesting payment for Train the Trainer” component must name employees, and repeat applicants must name current employees previously trained under OHST grant as “Trainers”.

Sign-In sheets must be completed and signed by all participants in all programs. Copies of these sheets must be submitted with payment vouchers by the 15th of each month. The sheets must be signed by the grant coordinator.

When seeking reimbursement, instructors will submit copies of their time sheets, signed by the grant coordinator

Reimbursement of administrative cost is contingent upon receipt of the Final Report which is due July 15th 2009

Program Interview

Based on the outlined criteria and the availability of funding, the Application Selection Committee may interview applicants for clarification purposes only. During the interview, applicants will be asked questions that apply specifically to their program or are otherwise relevant to their Application.

Conditions

Grant recipients must issue press releases to local newspapers, announcing the award of the grant and crediting the DIA. A copy of the press release and/or the mention in a publication will be required at the time of the year ending report.

Awardees must attend a meeting with the DIA’s office of Administration and Finance to complete the contract paper work. If all documents for completion of the contract are not received within 15 days, the award may be voided and the next grantee will be given the award.

All recipients will be required to follow program guidelines for notifying the OS of cancellations, rescheduled programs, program dates and changes.

Year ending reports, required of all grant recipients will be due no later than the last business day immediately preceding July 15 of the fiscal year.

Post evaluation survey/questionnaire to be submitted by the end of the grant period and another report within a year of the completion of the training. If either report is not submitted the organization will be ineligible for DIA grant monies for the next five (5) years.

DIA Grants will not exceed \$25,000.00. Grants will not be awarded until funds have been made available to the DIA for the purposes described herein. The DIA is not required to award the maximum.

Grants will be limited to one grant per entity regardless of size

Extra credit will be granted to first time applicants, train-the-trainer programs, and high-risk occupations.

The OS reserves the right to suspend or revoke the contract for funding at any time and for any reason. If no training has taken place after 120 days from the date of the approved contract/or first scheduled training the OS may suspend funding pending a review of the program.

Upon contract approval, prior written approval must be received from the OS when requesting budget changes such as, spending money in different areas or requesting a staff change. The request must be made in writing. A copy of the old budget, the new budget and the resume of the new staff member must be included. No budget changes will be accepted after May 1st.

Monies awarded under this grant may only be used for programs that provide education/training for audiences with occupational health and/or safety issues.

Train the Trainer" component must name employees, and repeat applicants must name current employees previously trained under OHST grant as "Trainers".

All programs selected for funding will be required to administer an evaluation/questionnaire, designed by the vendor, for each participant to complete.

All programs selected for funding will be required to provide the OS the name, telephone number, email address, and street address of the point of contact for each target audience representative.

Requirements for completing a Final Report will be sent to each Vendor prior to the conclusion of the contract. **Reimbursement of administrative cost is contingent upon receipt of the Final Report which is due July 15th 2009.** A copy of all educational materials purchased or developed with DIA funds must be provided to the DIA as a part of the Final Report.

Funded programs may be subject to an audit by the State Auditor's Office or authorized officials of the Commonwealth of Massachusetts. All books, records, and other compilations of data pertaining to the performance of the provisions and requirements of the contract to the extent and in such detail as shall properly substantiate claims for payment under the contract, must be maintained for a minimum of 7 years.

All published material, including without limitation, report, manuals, pamphlet, articles, etc., prepared by selected applicants with DIA funds shall be created as a work for hire for the purposes of 17 U.S.C., Sections 101 et seq., and the DIA shall be the sole author and owner of the copyright. The selected applicant may distribute the materials subject to a nontransferable, nonexclusive, revocable license. Any reproduction for distribution of these materials must prominently display on the front cover or in the beginning credits: "This (fact sheet, manual, video, etc.) was funded by the Massachusetts Department of Industrial Accidents, Office of Safety. Copyright ©2008/2009 by the Commonwealth of Massachusetts, Department of Industrial Accidents. The opinions and views expressed herein do not necessarily reflect those of the Massachusetts Department of Industrial Accidents. No reproduction or other use is authorized for this material without the express written approval of the DIA."

The OS may institute additional reporting requirements. All Vendors will be notified of any changes to the reporting requirements.

At any time during the course of a funded program, the OS reserves the right to call a meeting with the recipient for the purposes of ensuring program compliance and reviewing program budgets.

Periodic review(s) of workers' compensation policies may be made after grant approval to ensure workers' compensation policies are current.

Format

The Applicant must submit one (1) original application, **(signed and dated in BLUE ink)**, to the DIA and four (4) copies. Attachments F-I do not need to be included in the copies. Both the original and copies should be submitted on recycled paper. The application should be single sided, typewritten (including application cover sheet and budget) and double-spaced on plain white paper with a minimum 12-point font size. All pages of the narrative should be numbered. The narrative **must** be clear, concise, and specific in identifying the program's purpose and objectives. The length of the narrative must not exceed five **(5)** pages, excluding budget, forms, and required attachments. Ensure Applications are securely bound with a staple or binder clip only. Elaborate packaging, binders, etc. are not recommended.

Grants applications may not be considered for evaluation if incomplete. Attachments F-I (see Check off Summary), must be separated into a report folder with fasteners, and sent in with the grant application at the time of the submission. If necessary awardees must attend a meeting with the DIA's office of Administration and Finance to complete the contract paper work. If all documents for completion of the contract are not received within 15 days, the award may be voided and the next grantee will be given the award.

Applications **must** be received by the Department of Industrial Accidents prior to **August 5, 2008, 2:00pm EST.** at the following address.

Department of Industrial Accidents
Office of Safety
600 Washington Street 7th Floor
Boston, Massachusetts 02111
Attn: Gayann Wilkinson

Faxed or electronic submissions will not be accepted.

CHECK OFF SUMMARY

Prepare and submit the application according to the following outline:

Application Cover Sheet- All questions **must** be answered
Table of Contents
Scope of Services/Narrative and Budget Narrative
Attachment A: Program Budget Summary
Attachment B: Project Timeline
Attachment C: Key Personnel resumes
Attachment D: Letters of Commitment
Attachment E: Workers' Compensation Coverage for applicant company and all consultants
Attachment F: Request for Taxpayer Identification Number and Certification (W-9)
Attachment G: Contractor Authorized Signatory Listing Form
Attachment H: Standard Contract Form
Attachment I: Commonwealth Terms & Condition Form

PROJECTED TIME LINE

Application Release: June 16, 2008

Attendance to the following conference is highly recommended for any person or organization submitting an Application. The vendor's conference will be held on:

July 8, 2008 10:00 AM
Department of Industrial Accidents
600 Washington Street
Boston, MA 02111
(617) 727-4900 ext. 376

Application Deadline: August 5, 2008 2:00 PM EST.

The following dates are subject to change:

Interview (for clarification purposes only):

Awards Announced: September 3, 2008

Program Start-up: Upon Receipt of Contract

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS
OFFICE OF SAFETY
OCCUPATIONAL SAFETY AND HEALTH TRAINING AND EDUCATION PROGRAM

GRANT APPLICATION COVER SHEET
ALL QUESTIONS **MUST** BE COMPLETED AND TYPEWRITTEN

1. Applicant Organization Name, Address & Phone Number, Email Address

2. Title of Grant

3. Project Objectives(s) and Goals

4. Has your organization ever received or is it currently using DIA grant money?

5. Is your organization currently receiving any other funds from the Commonwealth?

6. Has your organization had a contract with the Commonwealth in the past two years?

7. How did you originally hear about this grant program?

8. Does your organization have a standing Safety Committee or Safety Programs and if so, how much money does your organization contribute to it annually?

9. If your company does not currently have a Safety Committee, are there plans to start one?

10. Category, please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Public Employer | <input type="checkbox"/> Joint Labor/Management Committee |
| <input type="checkbox"/> Private Employer | <input type="checkbox"/> Labor Organization/Federation |
| <input type="checkbox"/> Trade Association | <input type="checkbox"/> Non-profit Organization |
| <input type="checkbox"/> Other, specify: _____ | |

11. Demographics

Total Employees

_____ Employees _____ Employers _____ Supervisors
(Number) (Number) (Number)

Total to be Trained

_____ Employees _____ Employers _____ Supervisors
(Number) (Number) (Number)

Women to be Trained

_____ Employees _____ Employers _____ Supervisors
(Number) (Number) (Number)

Minorities to be Trained

_____ Employees _____ Employers _____ Supervisors
(Number) (Number) (Number)

12. Hazards to Be Addressed In Application please check all that apply

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> OSHA | <input type="checkbox"/> Injury Prevention | <input type="checkbox"/> Carcinogens |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Ergonomics | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Lead Hazards | <input type="checkbox"/> Fire/Electrical | <input type="checkbox"/> Toxins |
| <input type="checkbox"/> Right-To-Know/Hazard Communication | <input type="checkbox"/> CTD's | |
| <input type="checkbox"/> Other _____ | | |

13. Location of Target Population (Check Areas That Apply)

- | | | |
|--------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Statewide | <input type="checkbox"/> Central MA | <input type="checkbox"/> South Shore |
| <input type="checkbox"/> North Shore | <input type="checkbox"/> Western MA | <input type="checkbox"/> Metro Boston |

14. Justification for State Funds

15. Names, title, address and phone number of Program Administrator:

16. Total Amount Requested

17. Total In-Kind Contribution made by Applicant

Budget Summary

Contract Expenditures	Hourly/ Unit Rate	Number of Hours	TOTAL
<u>MAXIMUM OBLIGATION</u>			

In-Kind Budget Summary

Contract Expenditures	Hourly/ Unit Rate	Number of Hours	TOTAL

Follow up Report (1 year after grant period REQUIRED)

Continuation of Training

1. What was the original grant topic, how many were trained, and was there a train the trainer program implemented?

2. If a train the trainer program was implemented, is training being conducted by those trained?

3. Have any employees that were not trained at the time of the grant funding been trained since the grant period ended? If so how many employees have been trained?

4. How many employees that were trained with grant funding have been retrained since the conclusion of the grant period?

5. Have any plans been made to re-certify participants if re-certification is needed?

Grant Effectiveness

6. How many injuries on the grant topic have been reported since the end of the grant period?

7. Have there been any lost workdays on the grant topic since the end of the grant period?

8. How many injuries on the grant topic or lost workdays have been reported by employees who received training with grant funding?

9. If the training involved life saving techniques (CPR, Heimlech Maneuver, etc.) have any lives been saved since the end of the grant?

Any additional comments:



THE COMMONWEALTH OF MASSACHUSETTS

Department of Industrial Accidents

600 Washington Street, 7th Floor
Boston, Massachusetts 02111

DEVAL L. PATRICK
Governor

PAUL V. BUCKLEY
Commissioner

TIMOTHY P. MURRAY
Lieutenant Governor

To: All FY 2009 Vendors
From: Maria Pesantes, Program Coordinator
Re: FY 2009 **Final Reports**

The Office of Safety (OS) requires the questions below be answered as part of the Final Report all vendors agreed to complete. As stated in the grant application, any organization that does not complete this report is ineligible for grant funding for five years. The Office of Safety requires that a typed master list of training sites and a point of contact at each location be provided with this questionnaire. Also, please include a copy of any training handouts paid for through this grant funding. This questionnaire must be returned by July 15, 2009.

Additionally, all contractual services for Fiscal Year 2009 shall end on June 30, 2009. Final requests for reimbursement for services provided for FY 2009 must be submitted to Accounting and Finance no later than July 15, 2009 at 4:00pm.

If you have any questions, please contact me at (617) 727-4900 extension 228.

Company: _____
Address: _____
Contact/Phone: _____

1. Total **proposed** to be trained (explain any recruitment problems)

2. Total amount **actually** trained

3. Training hours/per person (state if different people received different hours)

4. Total man training hours for the grant

5. Geographical breakdown training (how many trained in each region/city)

6. Demographics of those trained (women, minority)
